

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Patent Number</td> <td>6,998,106</td> </tr> <tr> <td>Issue Date</td> <td>February 14, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Michael R. ZALUTSKY</td> </tr> <tr> <td>Title</td> <td>RADIOCONJUGATION OF INTERNALIZING ANTIBODIES</td> </tr> <tr> <td>Art Unit</td> <td>N/A</td> </tr> <tr> <td>Examiner Name</td> <td>N/A</td> </tr> <tr> <td>Attorney Docket No.</td> <td>602662000300</td> </tr> </table>	Patent Number	6,998,106	Issue Date	February 14, 2006	First Named Inventor	Michael R. ZALUTSKY	Title	RADIOCONJUGATION OF INTERNALIZING ANTIBODIES	Art Unit	N/A	Examiner Name	N/A	Attorney Docket No.	602662000300
Patent Number	6,998,106														
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Attorney Docket No.	602662000300														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
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Country	Telephone	Email

I am the:

☐ Applicant/Inventor.  
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

SIGNATURE of Applicant or Assignee of Record

Signature <i>Rose Ritts</i>	Date <b>9-8-2010</b>
Name <b>Rose Ritts, PhD</b>	Telephone <b>919/681-6412</b>
Title and Company <b>Executive Director - Office of Licensing &amp; Ventures, Duke University</b>	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.